

City of Tempe **Spring 2020 4th-8th Youth Hoops**

Non-Tempe Residents Are Welcome / Photos taken for City of Tempe Use

Grades are based on Fall 2019

Preseason Day #1 Player Placement – March 28th

Escalante Community Center – 2150 E. Orange St., Tempe, AZ

4th/5th Coed. 9:00am-11:00am, 6th-8th Girls 12:00pm-2:00pm, 6th-8th Boys 3:00pm-5:00pm

Early Bird Registration February 17th - 23rd
Fee: \$75.00

League Dates:

- March 28th – May 16th (Saturdays)

Possible Game Times:

- Coed. 4th/5th: 11:00am/12:00pm/1:00pm/2:00pm
- Girls 6th-8th: 2:00pm/3:00pm/4:00pm
- Boys 6th-8th: 12:00pm/1:00pm/2:00pm/3:00pm

Game Locations

- 4th/5th Coed: 715 W. 5th St. Tempe, AZ
- 6th-8th Girls: 6111 S. All American Way. Tempe, AZ
- 6th-8th Boys: 6111 S. All American Way. Tempe, AZ

Program Codes (Based on Fall 2019 Grade):

- 65970 Coed. 4th/5th
- 65971 = Girls 6th-8th
- 65972 = Boys 6th-8th

Registration opens February 17th

(Recreation Services 3500 S. Rural Rd. 2nd Floor)

In person: Monday-Friday, 8:00am – 5:00pm

Fax: 480-350-5058 (Debit or Credit Payment Only)

On-Line: www.tempe.gov/youthsports

Fee: \$89.00 Per Child **Scholarships available**

**Must verify enrollment in state subsidy program
& be a Tempe resident or child attends a Tempe School

Leagues questions and/or interest in volunteer coaching positions contact

Keyon Cornejo: 480-350-5222 or keyon_cornejo@tempe.gov

Keep Top Portion for future reference

Youth Hoops Registration Form

Spring 2020

Participant Name: _____ Date of Birth _____ Age _____ Sex _____

Address: _____ APT # _____ City _____ Zip _____

Parent's Name: _____ School _____ Grade (Fall 2019) _____

Parent Phone: _____ Coach/Friend Request: _____ Previous Participant: Y N

Secondary Parent's Name: _____ Secondary Parent's Phone : _____

Email: _____

Please Circle One: 4th/5th Coed: 65970 6th-8th Girls: 65971 6th-8th Boys: 65972

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*

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REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

Fee: \$ _____ Credit Card Number _____ -- _____ -- _____ Exp. Date: _____

Enclosed Check # _____ **OR** Signature Authorizing Charge to above number _____